



# CITY OF LODI

PUBLIC WORKS DEPARTMENT

## COUNCIL COMMUNICATION

		<u>Project Data</u>	
TO:	City Council	Originally Budgeted:	1987-88
FROM:	City Manager	Budgeted Fund:	Capital Outlay Reserve
		Amount Budgeted:	\$21,000.00
MEETING DATE:	July 11, 1990	Total Project Estimate:	\$27,000.00
		Bid Opening Date:	7/25/90
AGENDA TITLE:	Plans and Specifications and Advertisement for Bids. for Parking Lot #5 Asphalt Overlay, Northeast Corner of Elm Street and Church Street		

**RECOMMENDED ACTION:** That the City Council approve the plans and specifications for the above project and authorize advertising for bids.

**BACKGROUND INFORMATION:** This project consists of furnishing and installing asphalt concrete overlay including leveling course, pavement grinding, and pavement reinforcing fabric. If needed, an appropriation of additional funds will be requested at the time of award. The project requires more repair than included in the original estimate which is now three years old.

Also, the specifications do not call for the work to be done on a weekend. Doing the work on a weekend would add roughly \$6,000 to the cost and it is questionable if all the work could be accomplished in two days. Thus, staff feels the additional expense is not justified.

  
Jack L. Ronisko  
Public Works Director

JLR/ML/mt

cc: Purchasing Officer  
Street Superintendent

APPROVED:

  
THOMAS A. PETERSON, City Manager

FILE YO.

#18

CITY OF LODI  
SPECIAL ALLOCATION REQUEST

TO: Finance Director  
FROM: City Clerk

DATE: August 1, 1990  
PROJECT NUMBER: 121.0-350.74-500

Request is made for funds to accomplish the following project which was not included in the current budget:

Description of Project	Estimated Cost
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Additional funding required to complete Parking Lot #5 Asphalt Overlay, northeast Corner of Elm Street and Church Street project	\$7,000
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*Patricia Walker*

(If you need more space, use additional sheet and attach to this form)

Date of Approval August 1, 1990

Amount Approved - \$7,000

Council \_\_\_\_\_ xxx \_\_\_\_\_

City Manager \_\_\_\_\_

FUND OR ACCOUNT TO BE CHARGED

Current Budget	\$	Prior Year Reserve	\$
Contingent Fund	\$	General Fund Surplus	\$
Capital Outlay Reserve	\$7,000	Reimbursable Account	\$
Utility Outlay Reserve	\$	Other (Election)	\$
Hotel/Motel Tax Reserve -			

Account Number

*Robert H. Holm*  
Robert H. Holm, Finance Director

*Alice M. Reimche*  
Alice M. Reimche, City Clerk

Submit this form in duplicate to the Finance Director. Distribution after approval will be as follows: 1) Originating Department 2) Finance Department



**CITY OF LODI**  
FINANCE DEPARTMENT

## ACTION SLIP

TO:

*Alice*

DATE

*7/11/90*

FROM:

*Janet - Purchasing*

TIME

FOR ACTION INDICATED:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> As Requested  | <input type="checkbox"/> Phoned             | <input type="checkbox"/> For Typing           |
| <input type="checkbox"/> Information   | <input type="checkbox"/> Returned Your Call | <input type="checkbox"/> For Filing           |
| <input type="checkbox"/> Comment       | <input type="checkbox"/> Was in Office      | <input type="checkbox"/> For Mailing          |
| <input type="checkbox"/> Approval      | <input type="checkbox"/> Will Call Back     | <input type="checkbox"/> Copy/Print Requested |
| <input type="checkbox"/> Return        | <input type="checkbox"/> Please Phone       | <input type="checkbox"/> For Your Signature   |
| <input type="checkbox"/> Let's Discuss | <input type="checkbox"/> Please Contact     | <input type="checkbox"/> Take Care of This    |

PHONE:

Area Code

Number

Extension

REMARKS:

*These are the figures  
you needed -*

*Thank you.*

*Purchase*  
**Galt Sand & Gravel**

**RECEIVED**

JUL - 6 1990

**GRADING & PAVING**

SAND — GRAVEL — LOAM — ROCK — DECORATIVE ROCK

Lic No. 483485

315 'A' Street — Galt, CA 95632

Phone 745-1657 or 745-3614

**ACCOUNTING**

*P.O. No.,  
1799*

*7-3-90*

*City of Rock*

*John L. Wood Albatross*

*2320 Breroble*

*250.00*

*924 Interlaken*

*200.00*

*2 lots Kattaran and Lakeshore*

*(175<sup>00</sup> small  
325<sup>00</sup> large)*

*500.00*

*950.00*

*Total Due*

*I have paid*

**OK for Payment**

ACCOUNT

*10.0-201.02-399*

DATE

*7-10-90*

AUTHORIZED

*[Signature]*

**A FINANCE CHARGE OF 1½% PER MONTH WILL BE CHARGED ON  
BALANCES 30 DAYS PAST DUE, WHICH IS AN ANNUAL PERCENTAGE  
RATE OF 18%. MINIMUM SERVICES CHARGE IS .50¢.**

RECEIVED BY

**X**

DATE